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APPLICANTS

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** CONTINUING DATA ***** *NONE*

** FOREIGN APPLICATIONS ***** *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
03/17/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>MR. Murty</i> Examiner's Signature <i>bf</i> Initials				

ADDRESS

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TITLE

Buprenorphine microspheres

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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